STATEMENT OF

RECEIVE SUL SI NUM SIUS

FORM 1	ORGANIZATION				1	FECUTALL CENTER
NAME OF COMMITTEE (in	n full)	(Check if name is changed)		mple:If typing, type	12FE4M5	Office use Only
DELAWAR	RE CC	NGRESSIO	VAL C	ĄŲÇŲŞ	_1_1_1_1_1	
ADDRESS (number a	nd street)	P.O. BOX	39871	6 		
(Check if address is changed)		MIAMI BEA	CH		FL S	33239 34-
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) UScongressionalCaucuses@gmail.com (Check if address is changed)						
COMMITTEE'S WEE	PAGE AD	DRESS (URL)				
(Check if is change						
2. DATE 11	8 ′ "	° ′ 2012 ′				
3. FEC IDENTIFIC	CATION N	umber C				
4. IS THIS STATE	MENT 🔀	NEW (N) OI	3 [AMENDED (A)	·	
I certify that I have	examined f	his Statement and to the	best of my	knowledge and belief it	is true, correct a	and complete.
Type or Print Name	of Treasure	JERRY MO	CKEN	DY		
Signature of Treasur	er <u> </u>	Jenny MC	6		Date 11 [™]	′ 08° ′ 2012 `
NOTE: Submission of	false, erron	eous, or incomplete informa	/ *			he penalties of 2 U.S.C. §437g.
Office Use			 	For further information co Federal Election Commission		FEC FORM 1